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ABSTRACT

The discussion, addressed to teachers, enumerates and describes behavioral characteristics which are commonly attributed to the learning disabled child. Characteristics covered include hyperactivity, dis-inhibition, inability to handle frustration (catastrophic reaction), perseveration, distractibility or reaction to detail, intensity of response, rigidity (insistence on status quo), guilelessness, awkwardness, destructiveness, and social immaturity. Brief suggestions are made to the teacher for handling classroom behavior problems arising from these particular characteristics. (KW)

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CHARACTERISTICS OF THE CHILD WITH LEARNING DISABILITIES

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CHARACTERISTICS OF THE CHILD WITH LEARNING DISABILITIES

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Speech given at workshop on "Learning Disabilities-Identification and Remediation," held January 13, 1968, Sherman House, Chicago, sponsored by:

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CHARACTERISTICS OF THE CHILD WITH LEARNING DISABILITIES

By Kenneth Beckman

The remarks made at this workshop could be defended with equal vigor by a sociologist, a psychologist, or an educator. Keep in mind the problems connected with learning disabilities cut across many disciplinary lines. Primarily, we will discuss the behavioral characteristics of these children, the ones you see in your classroom daily. I am going to dichotomize some of the behaviors and pinpoint some of the areas in which the dichotomy exists. Also, because of my background and training (a semester at the Cove Schools, both in Racine and Evanston) I am somewhat oriented in the area of organic problems to the Strauss philosophy.

If you are familiar with Strauss-Lehtinen, you will recognize the classifications of many of the characteristics discussed. These classifications will not <u>all</u> be present in one child. It is my strong feeling however, that a child with learning disabilities severe enough to call attention to himself will not have only one of these characteristics in isolation.

In the area of perceptual disturbances, the child may be perceptually disabled in one of the three avenues of perception: visually, auditorily, or tactily. When a child has a visual perception problem, there is an indication he is unable to construct wholes from the parts which go into making up the whole, that is, the pattern of the youngster's view. Auditory perceptual disturbances are evident in the inability of the children to differentiate between sounds; sometimes to the extent

they are unable to identify a sound with its source. You can see that if this is existent in a child, teaching the beginning elements of reading is a serious problem. When the child lacks the ability to discriminate between or identify objects by the sense of touch, he is tactily disabled. In many sources of literature, this characteristic is knownas stereognosis or the lack of it is known as astereognosis. There are many ways the classroom teacher can develop these senses.

Another serious deficit of the learning disabled child is disturbances of body concepts. This can happen even though there is no demonstrative organicity, that is, brain damage. The most classic examples may be found in the child's ability to draw a person. Often parts of the body are missing or exaggerated - frequently a hand, foot, or ears. Teachers, according to children, can hear and see everything, so it is not uncommon for all children to make very large eyes or ears when they depict teachers.

A third major group is made up of children who have disturbances of spatial orientation. Even children who have their eyes, ears, arms, and legs, and for all intents and purposes appear to be normal, can still be affected. When this particular characteristic is present in severe form, the child can get lost in the middle of an empty room. There was such a case at the Cove School. A girl was in the habit of following a floorboard from her desk to the center of the door frame and out into the corridor. One day someone left the door slightly ajar and she went behind it into a corner. She became truly lost and frightened. The child who has a disturbance in this area cannot be expected to perform well in activities requiring him to change his orientation in space, that is, his vertical orientation. For instance if he is tipped or

pushed in the hallway and because of this leans too far to the right or left of the vertical body midline, he will continue to fall. He would be unable to stop himself. In physical education activities these children do not do well in tumbling exercises. A simple somersault becomes an insurmountable problem. Because of their inability to orientate themselves in space, they do not know the relationship of their body to the situation and lose control in these instances.

A large group of characteristics falls into the broad category of behavioral disorders. This is probably the area causing most of us, as classroom teachers, the greatest amount of concern. The most common classification is hyperactivity. Most of these behavioral characteristics were first discussed by Dr. Kurt Goldstein in the early 1920's in connection with his work with severely brain-damaged German World War I veterans. The hyperactive child is a human dynamo. When he is in his seat, his fingers are moving, his feet are moving, he is turning around, or he may be looking into his desk. He may be flipping back in the book instead of staying on the correct page, or possibly helping his neighbor with a problem which does not exist. He may run instead of walk or hop, skip, or use almost any active form of locomotion. We need to remember these inclinations when I mention the various characteristics, because these behaviors run the gamut from slight to severe. We frequently have children we classify as "rockers." These children rock in their chairs, rock back and forth when talking, or while sitting on the floor. I have had several students who rocked from side to side while lying on a cot. This is also a characteristic of some severely emotionally disturbed children. I think this might also be true in cases of severe involvement with the socially

maladjusted.

I am going to comment briefly about dis-inhibition, which is the second classification under behavioral disorders. Built into the human organism is a mechanism which tends to prevent us from doing things which make us look ridiculous or foolish. This serves to keep us on the straight-and-narrow path of conformity. In cases of severe emotional involvement, organic or brain pathology, or even in cases of the asocial maladjusted, this seems to be absent or lacking to such an extent children will do inappropriate things. For instance, the child instead of walking to the drinking fountain, pirouettes all the way, or engages in a series of spins or skips, whistles, sings, hums, or does any one of a number of things which are equally inappropriate. They seem, and basically are, totally unaware of their behavior. They seem out of control of the situation, and in many instances this is true. In such cases, indulgence and a considerable amount of patience are needed. A million-and-a-half reminders - "Jimmy, don't do that"; "Just walk, please;" "Please, don't run." One of the best ways to reduce these activities is to cover the classroom with all the furniture you can find so you do not have a large, inviting, "racing" corridor. Have you ever been in a building where there is a long and empty corridor and had the urge to tear down it? This is the same thing the children feel - only they lack the inhibitory control we have.

Another characteristic of some learning disabled children is that from time to time they experience an intolerable amount of frustration and cannot handle it. Dr. Goldstein has used the term <u>catastrophic reaction</u> to refer to a reaction of great magnitude resulting from frustration. Strauss has adapted this and it is also used in various other forms by other experts in

the field. A catastrophic reaction is a little catastrophy as a result of the child's inability to handle frustration. It may not be the frustration immediately preceding the catastrophic reaction. It could have been something which happened at home, on the bus, or any one of a number of things. It could have happened two or three days before or even be an imagined problem. The result is the youngster literally blows up. He is not in control of the situation and cannot control his actions, in most instances. This is especially true in the area of brain damage or cerebral pathology. How much of this is at the will of the individual who is emotionally disturbed or socially maladjusted is speculative. The amount of conscious <u>control</u> these children have over their behavior is what I am discussing. You, as teachers, need to be aware of your children and know them thoroughly to be able to predict when these things are going to happen. There are very obvious signs of irritation which often lead to "blow-ups" like these. This is well demonstrated in the film "Why Billy Couldn't Learn."

What should you do in cases of catastrophic reaction? About the only thing you can do is to protect yourself and the children around you by being in the immediate area. You can see the little points of agitation building up and the expression of frustration on the child's face. You can see the tension in his hands in the way he may grasp the desk, wad up paper angrily, deliberately break a pencil, kick the floor, or anything else which indicates this feeling is building up. There is an inability to deal with the situation. In extreme cases the best thing to do is hold the youngster tight for these reasons: (1) your self-protection, (2) to keep him from damaging equipment, and (3) from hurting himself or others. After a few minutes you will be able to feel the rebellion drain out of him, the muscles become relaxed. The

child usually experiences some remorse in this situation. He may cry. It is not unusual to have a very large child want to sit on your lap for the closeness and satisfaction of knowing you forgive him. He may tell you he is sorry. This, however, is not always true in the cases of the emotionally disturbed or socially maladjusted. Many times this aggression, whether or not it is built up because of frustration, is directed at something or someone. Therefore, they do not often express remorse.

Another characteristic is known as perseveration. Teachers may find perseveration very disconcerting and quite puzzling. Our inability to teach a child to stay within lines while coloring, or in handwriting to stay on a given line, is an example of this problem. In most cases, the child's writing either runs uphill, downhill, or all over the paper. What this involves is a repetitive form of behavior attached to any kind of activity, whether it is writing, speaking, playing, or some physical activity. The problem lies in the child's inability to change the set he has for doing a given task - he just cannot shift gears from one activity to another. For instance, you might ask a youngster in spelling or in handwriting letter formation to make a row of cursive "A's." You may, if you are not careful or well aware of your child's problem, come back and find a whole page, tablet, or desk top full of "A's." It is also true of this characteristic that a child may persist in asking questions. Frequently the child will repeat the same question over and over, in spite of the fact you have given him the answer. With the brain-damaged child this is very difficult to correct and is a result of the pathology. The emotionally disturbed child may be a youngster who is seeking some kind of identification or reassurance, some kind of avenue toward developing

greater self-concept. Many reasons could be attached to this behavior.

Another characteristic which has been found in children with learning disabilities (I think this cuts across the various disciplinary lines we have been talking about) is the child's distractibilllity. Some people in the field call this reaction to detail (call it what you will, in your own terms), but it is a characteristic which takes the child from the task we have for him, to study and do his schoolwork. The "normal" person can and does filter out outside noises. The highly distractible child, like the hyperactive child, cannot attend to the task at hand in the presence of extraneous stimuli. This can occur when someone wheels a cart down the hallway, a car's motor is raced outside, or any other extraneous noise is heard. In the classroom, there is the patterning in the floors and the walls, and sometimes there are even parts of our dress which are attractive to children so they sit and watch. They zero in on a specific or very fine object - unnoticeable to us, but attractive to them. This is the youngster who has to look up when someone drops a pencil or opens a desk, or at any slight noise which attracts his attention. Again, let me say I think this is well demonstrated in the film, "Why Billy Couldn't Learn."

Another characteristic I have listed because it has been found in children with learning disabilities, again in all three broad categories, is called intensity of response. These children seem to over-respond. If they laugh, they seem to laugh harder; if they cry, they cry harder. I doubt if there is a person here who has not had a giggler in the classroom. These youngsters seem to giggle for very little or no provocation. Their own thought processes may even appear funny to them. They will be giggling, their shoulders shaking, and trying to do their work, but are soon envelope

in laughter. These youngsters seem to play harder, run harder, everything - well, I should not say <u>everything</u> - but <u>most</u> things they seem to engage in with a little more vigor. This is, therefore, a dominant characteristic of the child.

Another characteristic we see in these children and may be somewhat baffling if not masked by various other kinds of behaviors, is one labeled <u>rigidity</u>. Rigidity probably has its greatest application in the area of the emotionally disturbed and describes the child's emotional structure as being rigid and inflexible. A child who exhibits this characteristic insists on the <u>status quo</u>. They strongly resist change.

To those of you who acquire these children in your regular classrooms or in special classes from other classes, this is especially pertinent. The mother says, "I just do not understand this at all, I do not know why Junior is being placed in a special class." "Why, I thought you would agree," one mother says, "memory is an excellent measure of intelligence." (In these cases I am really not talking about intelligence, but intelligence is a thing which is being reflected upon when the child has been taken from the regular classroom.) Jimmy - let's call him Jimmy - can remember everything and where every single item is in his room. If a person moves it, wow! - he blows up. This is the syndrome of rigidity. He insists on the <u>status quo</u> and is extremely disturbed by any change in it. To pick up the clothes the child has strewn on the floor often constitutes a major battle at home.

You will find children so disturbed about this kind of thing in the classrooms that you may get a multitude of questions. Also, I am sure most of you have had questions from a student about an absent child.

Is so-and-so ill? Will they come back to school? Will you let them come back to school? Why isn't so-and-so here? Various questions of this nature are asked and the student is truly concerned. Questions such as these require immediate, frank, and honest answers. I do not think any of us should say, "Well Jimmy, I'm sorry but it is none of your concern." We should rather say, "Yes, Mary is absent because she has a cold. I talked to her mother this morning and Mary should be back on Thursday."

Moving the desks in the room, changing the status quo in the room without some kind of previous announcement can also catch the child off-base. Do not move the desks at night after the youngsters have gone home. I know this is the best time for the teacher,,but not with a youngster having this kind of disability. In the classroom say, "I know we have had our seating arrangement this way for three or four weeks so we are going to change today. We are going to move Mark over here, Mary will go over there, Jimmy will go to the front of the room, and Tommy will go to the back of the room." This way you see to it he is forewarned and can help in the restructuring of the classroom. He, there, thinks no more about it. Sometimes we can solve our own problems by not creating them in the first place.

Ernest Siegel in his very fine book for parents and laymen, "Helping the Brain-Injured Child," classifies some youngsters as guileless. This child believes whatever he is told without question. There are situations which occur daily in all schools which expose this type of child to personal danger, ridicule, or even conflict with the law. This youngster, who does not have the presence of mind to question a situation no matter how incongruous, stores large numbers of misconceptions. So the guilelessness can be a serious problem.

Awkwardness is also discussed as a characteristic by Siegel. When one takes into consideration many of the other characteristics these children might possess, it is not unusual they might be considered awkward. They are often poor judges of shape, so in handling objects there is going to be a destruction problem. They are frequently poor judges of distance and relative motion. Couple this characteristic with the awkwardness of the child and we find he may be a hazard to himself, especially when playing near the street. Because he is unable to judge or perceive (there is also a perceptual hookup here) he may lack the ability to get across the street in time to avoid being hit by an oncoming car. Additionally, the child may attempt to cross and dart back into the auto. Think of the concerns the parents and you as teachers surely must have in sending the children home after school. However, when this condition is prominent in a child's makeup, he probably will be brought to and from school so as not to be exposed to this personal danger. This child (I am sure you will be able to recognize the child) will have great difficulty in visual-motor skills. Visual-motor skills being such activities as hopping skipping, jumping rope, and playing jacks. There is also another activity requiring considerable visul-motor integration. Very often (I am quoting when I say "very often" because I have not noticed this so much with my youngsters) they have speech problems. Probably when they have speech problems it may well be the result of auditory perceptual disability. They are not registering accurately cortically what they are hearing. This does not imply there is a pathology of the auditory mechanism.

Destructiveness is also discussed by Siegel. With all the things which could be wrong with a child (his perceptual disabilities, for example)

it is not unusual for the child to be considered destructive. All of us have seen a very young child come into a home, office, or school room and handle things which are new to him. This is the way they relate to their physical world. This is the way they learn. The child will test for weight and will manipulate the thing in his hands for size and shape. Therefore, the destructiveness observed is a manifestation of a central visual-tactile-perceptual problem. Dr. M. D. Vernon's excellent pocketbook "The Psychology of Perception," discusses these things very well. It is the finest inexpensive source on perception and perceptual learning I know about. It is down to earth and generally nonacademic.

The final characteristic is <u>social immaturity</u>. Again, it is not difficult for us to understand why this child is socially immature when there are so many possible elements militating against social integration into a group. For example: the child is not accepted into a group because of his destructiveness. Because of his inability to identify objects by touch he might excessively handle someone's favorite toy trying to find out all about it and in the process, break it. If this happens a time or two in the neighborhood, the child will be even further excluded. So without the opportunity to participate fully he will be unable to develop enough social awareness to be integrated socially.

These are some of the more common characteristics which have been attributed to the learning disabled child, compiled from a wide range of authorities. For the classroom teacher interested in knowing more about learning disabilities, the following references are included.

SELECTED REFERENCES

Vernon, M. D. Psychology of Perception, (a Pelican Book) Published by Penguin Books, Baltimore, Maryland, 1962.

Chavehard, Paul. The Brain, Grove Press, Inc., New York, 1962.

Galambos, Robert. Nerves and Muscles, Anchor Book, Doubleday and Co., Inc., Garden City, New York, 1962.

McCarthy and McCarthy. Learning Disabilities, Allyn and Bacon, Inc., 470 Atlantic Avenue, Boston, Massachusetts, 02210, 1969.

Hochberg, Julian E. Perception. Prentiss Hall, Inc., Englewood Cliffs, New Jersey, 1964.

Engleman, Siegfried. Preventing Failure in the Primary Grades, Science Research Association, Inc., 259 East Erie Street, Chicago, Illinois 60611, 1969.

Strauss and Lehtinen. Psychopathology and Education of the Brain Injured Child, Vol. I, Grune and Stratton, 381 Park Avenue South, New York, N.Y. 10016, 1955.

Strauss and Kephart. The Brain Injured Child, Vol. II, Grune and Stratton, 381 Park Avenue South, New York, N.Y. 10016, 1955.

Cruickshank, William M. (Ed.). The Teacher of Brain Injured Children, Syracuse University Press, Box 87, University Station, Syracuse, New York, 13210, 1966

Cruickshank, Wm. M. et al. A Teaching Method for Brain Injured and Hyperactive Children, Syracuse University Press, Box 87, University Station, Syracuse, New York 13210, 1966.

Rappaport, Sheldon R. Public Education for Children with Brain Dysfunction, Syracuse University Press, Box 87, University Station, Syracuse, New York 13210, 1969.

Bangs, Tina E. Language and Learning Disorders of the Pre-Academic Child, Appleton-Century-Croft, Division Meredith Corporation, 440 Park Avenue South, New York 10016, 1968.

Johnson and Myklebust. Learning Disabilities: Education Principles and Practices, Grune and Stratton, 381 Park Avenue South, New York, N. Y. 10016, 1967.

Lewis, Richard S. and others. The Other Child, Grune and Stratton, Inc., 381 Park Avenue South, New York, N. Y. 10016, 1951.

Siegel, Ernest. Helping the Brain Injured Child, The New York Association for Brain Injured Children, Box 725, Great Neck, New York, 1962.

Kephart, Newell C. The Slow Learner In the Classroom, Chas E. Merrill Books, Inc., Columbus Ohio, 1960.